COLONOSCOPY
and Colon Cancer Screening

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THE DIGESTIVE SYSTEM

COLON CANCER

• A number of different cancers can arise in the colon. Most common type, adenocarcinoma (>95%), arises from cells that line the inside of the colon.

• Third most common cancer in the U.S.

• Over a lifetime the risk is about 1/21 (4.7%) for men and 1/23 (4.4%) for women.

COLON CANCER WHERE DOES IT COME FROM?

• Colon cancer starts as a polyp. But not all polyps will develop into cancer.

COLON POLYPS

• They're not all the same

  • Adenomatous polyps- benign, but have potential to become malignant with time

  • Hyperplastic polyps- benign, no risk of becoming cancerous

  • May not be able to distinguish between the two until they're looked at under the microscope
WHAT CAUSES COLON CANCER? (AND POLYPS)

• Risk Factors:
  • Things you can change…
    • obesity, inactivity, smoking, heavy alcohol use, diets high in red meats
  • Things you can’t change…
    • Your age, your race, your family (your genes)

WHAT ARE THE SIGNS AND SYMPTOMS…

• Of polyps?
  • Usually nothing, sometimes bleeding
• Of colon cancer?
  • Bleeding, iron deficiency anemia, weight loss, pain, change in stools
  • These signs and symptoms are rarely present before the cancer is at an advanced stage

CAN YOU PREVENT COLON CANCER?

• Yes (sometimes)-
  • Lifestyle modifications
  • Aspirin
  • Screening tests

SCREENING TESTS FOR COLON CANCER

• Colonoscopy
• Flexible Sigmoidoscopy
• Stool Test For Blood
• Stool DNA Test

SCREENING TESTS FOR COLON CANCER

• Virtual Colonoscopy
• Barium Enema
**COLONOSCOPY**

- Evolution from rigid to flexible scopes; from fiber optic to video; addition of sedation
- Reduces deaths from colon cancer by >50%

**SCREENING COLONOSCOPY**

- Every 10 years starting at age 50 in healthy people at average risk
- For those with a first degree relative with colon cancer under age 60- every 5 years starting at age 40 or 10 years before the relative developed cancer, whichever is earlier
- For those with a first degree relative with adenomatous polyp(s) under age 60- every 5 years starting at age 40 or 10 years before the relative’s polyps discovered, whichever is earlier
- Quit at 75? 80?

**FOLLOW UP COLONOSCOPY**

- Hyperplastic polyps- 10 years
- One or two small adenomas- 5 years (sometimes 3 years)
- Two to nine small adenomas, or any greater than 1 cm in size- 3 years
- Ten adenomas or more- 1 year
- Other considerations- Quality of the bowel prep, number of relatives with colon cancer, rate of re-growth

**COLONOSCOPY**

- Does it matter if a gastroenterologist does my colonoscopy?
  - GI’s specialize in gastrointestinal disease and receive special training in colonoscopy and perform far more colonoscopies than any other specialty
- Quality indicators
  - How often does the doctor find and remove polyps?
  - How often does the doctor complete the colonoscopy?
  - How much time does the doctor take examining the colon?
  - Can the doctor complete all parts of the colonoscopy?